

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
TRANSCRIPT ORDER FORM

111 First Street
Bay City, MI 48708

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Order Party: Name, Address and Telephone Number

Name Scott M. Watson

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City, State, Zip Grand Rapids, MI 49503

Phone 616-752-2465

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Case/Debtor Name: City of Detroit, Michigan

Case Number: 13-53846

Chapter: 9

Hearing Judge Hon. Steven Rhodes

Bankruptcy Adversary

Appeal Appeal No: _____

Hearing Information (A separate form must be completed for **each** hearing date requested.)

Date of Hearing: 04/03/2014 Time of Hearing: 9:00 am Title of Hearing: Settlement Motion

Please specify portion of hearing requested: Original/Unredacted Redacted Copy (2nd Party)

Entire Hearing Ruling/Opinion of Judge Testimony of Witness Other

Special Instructions: _____

Type of Request:

- Ordinary Transcript - \$3.65 per page (30 calendar days)
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/s/ Scott M. Watson Date: 4/7/2014

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